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## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <b>CENTERVILLE JOURNAL</b>		2. DATE <b>09/28/18</b>
3. FREQUENCY OF ISSUE <b>Weekly</b>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <b>52</b>	3B. ANNUAL SUBSCRIPTION PRICE \$ <b>\$30/\$35</b>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <b>P.O. BOX H, CENTERVILLE, TURNER, SD 57014</b>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <b>STAR Publishing P.O. Box H, Centerville, SD 57014</b>		
6. FULL NAME OF PUBLISHER: <b>Shane &amp; Allyson Hill 1000 Washington St., Centerville, SD 57014</b>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME COMPLETE MAILING ADDRESS <b>Shane &amp; Allyson Hill 1000 Washington St., Centerville, SD 57014</b>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	600	600
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	243	255
2. Mail Subscription (Paid and or requested)	210	182
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	453	437
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	8	8
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	42	42
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	503	487
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	97	113
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	600	600

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

*Allyson Hill*

Publisher

(Title)

State of South Dakota )

County of Turner )

(Seal)

Sworn to before me this 28 day of September, 20 18*SA Hill*

Notary Public

My commission expires: 11-14-2018

SHANE HILL

NOTARY PUBLIC  
SOUTH DAKOTA